



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

Canc: Feb 2005

IN REPLY REFER TO  
BUMEDNOTE 1110  
BUMED-M7  
2 Feb 2004

BUMED NOTICE 1110

From: Chief, Bureau of Medicine and Surgery  
To: All Medical Department Personnel

Subj: FY-2004 GUIDANCE ON USE OF HEALTH PROFESSIONS LOAN REPAYMENT PROGRAM (HPLRP) FOR RETENTION

Ref: (a) Title 10 U.S.C., Section 2173 (NOTAL)  
(b) ASD(HA) policy memo of 14 Jan 02 (NOTAL)  
(c) ASN(M&RA) policy memo of 14 May 02 (NOTAL)  
(d) ASD(HA) policy memo of 26 Jun 03 (NOTAL)  
(e) OPNAVINST 5450.215B  
(f) OPNAVINST 1110.1 (NOTAL)

Encl: (1) Sample Request for HPLRP Participation  
(2) Sample First Endorsement of HPLRP Participation

1. Purpose. To announce the availability of loan repayments under the Health Professions Loan Repayment Program (HPLRP) to qualified health professionals currently on active duty for FY-2004 and to provide information concerning eligibility and application procedures.

2. Cancellation: BUMEDNOTE 1110 of 5 November 2002.

3. Background. The HPLRP is an accession and retention incentive program within the Armed Forces Health Professions Scholarship Program (AFHPSP). The HPLRP is a means to assist eligible personnel in the repayment of qualified loans in exchange for an obligated period of active duty. Reference (a) established the HPLRP and designated responsibility for the program to the Secretaries of the various military departments. References (b) through (d) established DOD policy and guidance for the HPLRP. Reference (d) delineated the current maximum annual repayment amount for qualified loans. Per reference (e), responsibility for administering HPLRP within the Department of the Navy was delegated to the Surgeon General of the Navy/Chief, Bureau of Medicine and Surgery (hereinafter Chief, BUMED) or his designee. Per references (e) and (f), Chief, BUMED designated the Commander, Naval Medical Education and Training Command (NMETC) the program manager for AFHPSP, which includes HPLRP.

4. Definitions

a. Active Duty Health Professionals. Any regular or Reserve officer (USN/USNR) in the Medical Corps, Dental Corps, Nurse Corps, or Medical Service Corps.

2 Feb 2004

b. Qualified Loans. Government or commercial loans for actual costs paid for tuition, reasonable educational expenses, and reasonable living expenses relating to the attainment of a degree in allopathic or osteopathic medicine, dentistry, or other health care profession.

5. Eligibility Requirements for FY-2004 Active Duty HPLRP Applicants

- a. Must be a commissioned officer on active duty in the Medical Service Corps.
- b. Must have completed initial active duty obligation by 30 September 2004.
- c. Must be licensed to practice without restriction in the profession or specialty. The term licensure includes such terms as qualified, certified, or registered.
- d. Must hold an unrestricted license in one of the following specialties:
  - (1) Clinical Psychology.
  - (2) Podiatry (surgically trained, board certified, or eligible for board certification).
- e. Must have less than 12 years of commissioned service at the time of application.
- f. Must have an agreement to incur an active duty service obligation in exchange for loan repayment.
- g. Must meet all height/weight and physical readiness requirements.

6. Ineligibility Factors for HPLRP Applicants

- a. Must not be a current or former participant in the Armed Forces Health Professions Scholarship Program (AFHPSP) and/or Financial Assistance Program (FAP) having received the maximum four years of sponsorship for the health professions degree.
- b. Must not be a graduate of the Uniformed Services University of the Health Sciences (USUHS).
- c. Must not be subject to a court judgment/lien against the individual's property arising from a debt owed to the United States (to include federal student loans).
- d. Must not be in default or delinquent on any federal debt.
- e. Must not be in a promotion non-select status.
- f. Must not have a punitive discharge or any other adverse personnel or administrative action pending or in effect.

g. Must not have received four years of loan repayment under the program.

7. Repayment Amount and Active Duty Service Obligation. Each eligible individual selected for participation in HPLRP will be able to receive a loan repayment of up to a maximal amount of approximately \$28,000 per year, for up to four years. The Assistant Secretary of Defense for Health Affairs sets the actual maximum amount of loan repayment annually. Funds used in the HPLRP are taxable income and Income Tax will be deducted prior to disbursement of funds to lending institutions. In exchange for receiving one year of loan repayment, the individual will sign a written agreement agreeing to a corresponding minimum two-year active duty service obligation (ADO). Accepting two years of loan repayment will result in a two-year ADO. Accepting three years of loan repayment will result in a three-year ADO. Accepting four years of loan repayment will result in a four-year ADO. The ADO for HPLRP shall be served at the completion of any additional ADO incurred. No portion of the ADO for HPLRP shall be fulfilled by prior active service.

8. Repayment Distribution within the Medical Department Corps. On a yearly basis, the Corps Chiefs will determine the number of new loan repayments to be awarded and the eligible specialties. Of note, those officers who have previously signed multi-year loan repayment contracts will not be affected by this process.

9. Application Procedures. A notice of intent to apply for HPLRP must be submitted to the NMETC point of contact by 10 February 2004. Applications for HPLRP, enclosure (1), must be submitted to the Commander, Naval Medical Education and Training Command (Code OHB), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611. Enclosure (1) is available in Word format on the Web at: <http://navalmedicine.med.navy.mil/default.cfm?seltab=directives> under the Sample Format tab. All applications must be received by 27 February 2004. Applications received after that date will not be considered. Each application must contain the following:

a. Request for HPLRP enrollment to include name, rank, corps, social security number, active duty status, years of service, business address, telephone number, facsimile (FAX) number, and e-mail address.

b. The following certification statement: "I certify that I have not incurred any prior or current active duty obligation resulting from the maximum four years of sponsorship by participation in the Armed Forces Health Professions Scholarship Program (AFHPSP) or Financial Assistance Program (FAP), or participation in the Uniformed Services University of the Health Sciences (USUHS)."

c. Complete loan information and verification for each loan for which repayment assistance is requested to include total loan obligation.

d. A completed certification of non-delinquent loan status.

- e. Copy of licensure and board certification/eligibility documents.
- f. A brief motivational statement.
- g. Copy of Officer Summary Record.
- h. Copy of Performance Summary Record.
- i. Copies of last five or since commissioning (if less than five years) Fitness Reports.
- j. Commanding Officer's endorsement, enclosure (2), is to include verification that no punitive or other adverse personnel or administrative action is pending or in effect and that the individual meets height/weight and physical readiness requirements. Enclosure (2) is available in Word format on the Web at: <http://navalmedicine.med.navy.mil/default.cfm?seltab=directives> under the Sample Format tab.

#### 10. Application Review Process and Selection Notification

a. A duly appointed Administrative Selection Board will convene in March 2004 to review all applications and provide selection recommendation to the Chief, BUMED. The Chief, BUMED, will make final approval of individuals for participation in HPLRP.

b. As it is likely there will be many more requests for enrollment in HPLRP than available participation openings, the selection process will be very competitive. The Administrative Selection Board will be governed by a Chief, BUMED approved precept. The following criteria, while not encompassing all details of the precept, will be considered by the Administrative Selection Board in making approval recommendations:

- (1) Individual assignments; including operational assignments (past and future).
- (2) Individual accomplishments and awards.
- (3) Potential for future naval service and leadership.

c. NMETC will notify individuals of their selection or non-selection for enrollment in HPLRP by 26 March 2004. Selected individuals will receive a written agreement delineating the obligations of all parties under HPLRP by 2 April 2004. The original signed agreement must be returned to the Commander, Naval Medical Education and Training Command (Code OHB), 8901 Wisconsin Avenue, Bethesda, MD 20889-5611, FAX (301) 295-6014, by close of business 16 April 2004. NMETC will coordinate loan repayments with the appropriate lending institutions for those officers signing HPLRP contracts.

BUMEDNOTE 1110

2 Feb 2003

d. For questions concerning application procedures and/or eligibility requirements, contact NMETC Code 0HB: LCDR Creech, e-mail [gcreech@nmetc.med.navy.mil](mailto:gcreech@nmetc.med.navy.mil), commercial (301) 295-5567, DSN 295-5567, FAX (301) 295-6014.

A handwritten signature in black ink, appearing to read 'M. L. Cowan', with a long horizontal stroke extending to the right.

M. L. COWAN

Available at: <http://navalmedicine.med.navy.mil/default.cfm?seltab=directives>

**SAMPLE REQUEST FOR HPLRP PARTICIPATION**

Date:

From: (Individual)

To: Commander, Naval Medical Education and Training Command (Code OHB)  
8901 Wisconsin Avenue  
Bethesda, MD 20889-5611

Via: (Commanding Officer)

Subj: REQUEST FOR PARTICIPATION IN THE FY-2004 HEALTH PROFESSIONS LOAN  
REPAYMENT PROGRAM (HPLRP) FOR RETENTION

Ref: (a) BUMEDNOTE 1110 of 2 Feb 2004

Encl: (1) Completed loan information and verification form for each loan for which repayment assistance is requested to include total loan obligation  
(2) Completed certification of non-delinquent status form  
(3) Copy of licensure and board certification/eligibility documents  
(4) Personal motivational statement  
(5) Copy of Officer Summary Record  
(6) Copy of Performance Summary Record  
(7) Copies of last five or since commissioning (if less than five years) Fitness Reports

1. Request participation in the HPLRP for a period of (one, two, three, or four) years. Per reference (a), enclosures (1) through (7) are submitted.

2. I certify that I have not incurred any prior or current active duty obligation resulting from the maximum four years of sponsorship by participation in the Armed Forces Health Professions Scholarship Program (AFHPSP), Financial Assistance Program (FAP), or Uniformed Services University of the Health Sciences (USUHS).

3. I understand that I must sign and return three originals of the HPLRP service agreement (or addendum), as appropriate, if approved for participation in the HPLRP. I also understand that funds used in the HPLRP are taxable income and Income Tax's withholding will be deducted prior to disbursement of funds to lending institutions. I can be reached at DSN (number); commercial (number); FAX (number), and my e-mail address is (address).

(Signature block)

Enclosure (1)

**SAMPLE FIRST ENDORSEMENT OF HPLRP PARTICIPATION**

1110  
00/Ser  
Date

FIRST ENDORSEMENT on (name, corps, SSN) letter of (date)

From: (Commanding Officer)

To: Commander, Naval Medical Education and Training Command (Code OHB)  
8901 Wisconsin Avenue  
Bethesda, MD 20889-5611

Subj: REQUEST FOR PARTICIPATION IN THE FY-2004 HEALTH PROFESSIONS LOAN  
REPAYMENT PROGRAM (HPLRP) FOR RETENTION

Ref: (a) BUMED Notice 1110 of 2 Feb 2004

1. Forwarded recommending approval.
2. Per reference (a), I verify that no punitive or other adverse personnel or administrative action is pending or in effect and that (name of applicant) meets height/weight and physical readiness requirements.
3. Additional comments.

(Signature block)

Copy to: (Individual)

Enclosure (2)